

HALL SCHOOL OF DANCING
Enrollment Application

Student _____ Sex _____ Grade _____ Year _____

School _____ Parent Email _____

Parent Name(s) _____

Address _____

City _____ Zip Code _____

Phone (Res.) _____ (Cell) _____ Other _____

<u>Younger Brothers & Sisters</u>	<u>Sex</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>

HALL SCHOOL OF DANCING
REFERRALS

Help us send this information packet to your friends listed below

Name _____ Grade _____ Sex _____

Parent Name(s) _____

Address _____ Phone _____

City _____ Zip Code _____

School _____ Parent Email _____



*I have contacted and confirmed that the student named below will enroll in order to assist the enrollment staff
achieve an equal balance of boys and girls for couple dancing.*

Enrollment Partner _____

Grade _____ School _____